

**RURAL MARYLAND COUNCIL
VENDOR/COST DOCUMENTATION FORM**

Description of needed service or product: _____

Quote #1:

Name of vendor: _____
Address: _____
Phone #: _____
Quoted Price: _____ Date: _____

Quote #2:

Name of vendor: _____
Address: _____
Phone #: _____
Quoted Price: _____ Date: _____

Quote #3:

Name of vendor: _____
Address: _____
Phone #: _____
Quoted Price: _____ Date: _____

Selected Vendor: _____

Reason for Selection: _____

Person Completing Form: _____ **Date:** _____